

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SEARCH NO. 097914257		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		6		1			53					
4		8		1			54					
5			1				55					
6				1			56					
7				1			57					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1	↓	1	↓	1	↓	TOTAL IND.					
TOTAL DEP.	3	↔	4	↔	4	↔	TOTAL DEP.					
TOTAL CLAIMS	4		5		5		TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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